T h	his is to s/her fi ontract,	nancial stability and	mobile person udes an	club named below has condu- al characteristics. It is further by form of insurance. THIS IS	certified that the producers as	re thoroug	hly familiar with the insur	ance features of th	e automobile c	lub service
Company Number  Company Name and Address:					Commissioner of Insurance State of Louisiana P. O. Box 94214 Baton Rouge, Louisiana 70804-9214					
					☐ CHECK THIS BOX IF THIS COMPANY APPOINTMENT IS FOR AN INSURER APPLYING TO BECOME ADMITTED IN THIS STATE.					
Disapproved Code (DOI Use) Limited Code				ed Code	Producer Name Resident Fee					
	$\Downarrow$		₩	EIN or Social Security N <sup>0</sup>	Last		First	Middle	State	
1										
2										
3										
4										
5										
6										,
7										
8										
9										
10										,
11										
12										
13										
14										
15										
16										
17 18										
19										
20									+	
-0									<u> </u>	
RE	MARK	S:								
			(	Original Signature of Authorized Re	presentative		<del></del>		Date	e
Fiscal Division Only Produ			OUCER Licensing Only		FOR DEPARTMENT OF INSURANCE USE ONLY					
							Classification			
							Postmark Date			
							Date Processed			
				1 1		I	nitials	1		

## INSTRUCTIONS FOR APPOINTING ALL TYPES OF PRODUCERS

- 1. When an appointment form is submitted to our department a copy of the <u>disapproved</u> appointments will be returned to your company. **Please enclose a self-addressed, stamped envelope**. (Please make a copy for your records prior to submitting your appointment to our office.)
- 2. Louisiana no longer sends confirmation of approved appointments. Please check our website at www.ldi.state.la.us. It is updated daily
- 3. All insurer information must be completed including the company number.
- 4. **Fees are not refundable**. A new form and fee must be submitted if the appointment is disapproved.
- 5. The name listed on the appointment form must be exactly as it appears on the Louisiana license. List last name first in alphabetical order. Do not use abbreviations or nicknames. INCOMPLETE NAMES WILL BE DISAPPROVED.
- 6. When appointing a partnership or corporation, list the name of the partnership or corporation. It is not necessary to appoint each partner, officer or employee registered with the firm, in their individual name.
- 7. A \$10 penalty fee will be charged for each name listed on the <u>renewal appointment</u> form if received after March 1.
- 8. Checks must be made payable to the Louisiana Department of Insurance.

**Notice:** The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

	Life, Heath and Accident Appointments (1117B)		Property and Casualty Producer Appointments (1170)		
If you w	rish to limit a producer to the lines of insurance listed below, please	If you wish to limit a producer to the lines of insurance listed below, please			
indicate	the limited code in the corresponding column on Form 1117B.	indicate the limited code in the corresponding column on Form 1170.			
1.	Limited to Credit Life	5.	Limited to Industrial Fire		
2.	Limited to Credit Health and Accident	6.	Limited to Fidelity and Surety		
3.	Limited to Credit Life and Credit Health and Accident	7.	Limited to Baggage		
4.	Limited to Travel Health and Accident	8.	Producer will write Bail Bonds		
		9.	Limited to Vehicle Property Damage		
		10.	Limited to Credit Property		
FEES:	\$20.00 per producer	FEES:	\$20.00 per producer		
	Automobile Club Producers (AC-3)		Variable Annuity Appointments (VA-3)		
		The applicant must hold a current Life Appointment with the appointing			
		Insuranc	e Company.		
FEES:	\$20.00 per producer	FEES:	\$20.00 per producer		

	DISAPPROVED CODES							
A	Producer did not renew his/her license		Deceased Individual					
В	Producer holds a limited license and is not qualified to transact lines of insurance authorized by your company's certificate of authority	K	Revoked License					
С	Invalid license number or name and number do not match		Suspended License					
D	Insufficient Fees – must resubmit with new fees	M	License Cancelled					
E	Duplicate Appointment	N	Moved out of state					
F	Producer is not licensed	О	Need letter of certification indicating lines of insurance for which the producer is licensed					
G	Producer has a complaint on file	P	Producer does NOT hold a current life appointment to represent the insurance company					
Н	Producer has a non-sufficient fund check on file (company appointment form may be resubmitted when check is clear)	Q	Invalid company number or company name and number do not match					
I	Invalid address and/or Fine imposed	R	See REMARKS at bottom of form OR see letter attached to appointment form					